PTO/SB/82 (01-06)

Attorney Docket Number 5035-305US//P34,161 USA

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I hereby revoke all previous powers of attorney given in the above-identified application.										
A Power of Attorney is submitted herewith.										
OR I hereby appoint the practitioners associated with the Customark					omer N	Number: 20802				
✓ Please change the correspondence address for the above-identified application to: ✓ The address associated with Customer Number: 20802										
OR							_			
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am the: Applicant/inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)										
SIGNATURE of Applicant or Assignee of Record										
Signature ARM J										
Name ORECon Limited _Nicola J. Meek, Manager										
Date	ate 27/02/2008					004	4791	6 19	1643	
NOTE. Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.										
"Total offorms are submitted.										

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